

**Placement Supervision Group Individual Feedback Form - no concerns (short version)**

**Foundation doctor**

Name of Foundation Doctor	
GMC No	
Training period from	
Training period to	
Local education provider	
Specialty	
Clinical supervisor	

**Placement Supervision Group - Information and responsibilities**

By completing this form members of the Placement Supervision Group are taking responsibility for describing accurately the foundation doctor's performance in the workplace. This should highlight any areas of excellence, good practice, development or concern. The information will be used to help the Clinical Supervisor support the doctor and will also feed into the Clinical Supervisor's End of Placement Report.

NOTE: The PSG summary can be released at the discretion of the supervisor, with no minimum number of responses needed. Although your name will not be attributed directly to your comments (to the foundation doctor), note that this means your responses will not necessarily be anonymous.

Name (of PSG member)	
Job Title (of PSG member)	
Grade (of PSG member)	

NOTE: It is not appropriate for foundation doctors to provide PSG feedback

By completing this form the clinical supervisor and Placement Supervision Group are taking responsibility for describing accurately this foundation doctor's performance in the workplace and highlighting any areas of excellence or areas of concern which may require educational support.

**Record of Supervised Learning Events**

Please indicate if you have observed any of the following supervised learning events during this placement.

Mini-CEX: *	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
DOPS: *	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Case-based Discussion: *	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Developing the Clinical Teacher: *	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

**Observed performance in the workplace**

**SECTION 1: Professional behaviour and trust: \***

Tooltip 1

Tooltip 1  
Acts professionally  
Delivers patient centred care and maintains trust  
Behaves in accordance with ethical and legal requirements  
Keeps practice up to date through learning and teaching  
Demonstrates engagement in career planning

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Please provide a comment to support and justify the assessment rating for section 1 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible:

**SECTION 2: Communication, team-working and leadership: \***

Tooltip 2

Tooltip 2  
Communicates clearly in a variety of settings  
Works effectively as a team member  
Demonstrates leadership skills

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Please provide a comment to support and justify the assessment rating for section 2 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible:

**SECTION 3: Clinical care: \***

Tooltip 3

Tooltip 3  
Recognises, assesses and initiates management of the acutely ill patient  
Recognises, assesses and manages patients with long term conditions  
Obtains history, performs clinical examination, formulates differential diagnosis and management plan  
Requests relevant investigations and acts upon results  
Prescribes safely  
Performs procedures safely  
Is trained and manages cardiac and respiratory arrest  
Demonstrates understanding of the principles of health promotion and illness prevention  
Manages palliative and end of life care

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Please provide a comment to support and justify the assessment rating for section 3 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible:

**SECTION 4: Safety & quality: \***

Tooltip 4

Tooltip 4  
Recognises and works within limits of personal competence  
Makes patient safety a priority in clinical practice  
Contributes to quality improvement

<input type="checkbox"/>	No Concern
<input type="checkbox"/>	Some Concern
<input type="checkbox"/>	Major Concern

Please provide a comment to support and justify the assessment rating for section 4 of the FP Curriculum 2016. Particular attention to any areas of concern should be recorded. Please be as specific as possible:

**Comments**

Any other comments:

--

**PSG member details**

Name	
GMC / Other Registration Number	
Email	

**Signatures**

<b>PSG member signature</b>	
<b>Date signed by PSG member</b>	